



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

TOPS Surgical Specialty Hospital

Respondent Name

Texas Mutual Insurance Co

MFDR Tracking Number

M4-23-0992-01

Carrier's Austin Representative

Box Number 54

DWC Date Received

December 27, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 8, 2021	C1713	\$3,245.39	\$0.00
September 8, 2021	C1778	\$22,355.40	\$0.00
September 8, 2021	C1820	\$79,989.55	\$0.00
Total		\$105,590.34	\$0.00

Requestor's Position

The requestor did not submit a position statement with this request for MFDR but did submit a copy of their reconsideration that states, "According to TX workers compensation fee schedule the expected reimbursement for CPT code 63685 is \$38,303.14. Please note per Texas Dept of Insurance, carrier is to pay 100% of fee schedule regardless of billed charges. Also, implants should be reimbursed at manual cost plus 10%. Please reprocess and remit payment for remaining balance due."

Amount in Dispute: \$105,590.34

Respondent's Position

"Texas Mutual has reviewed the DWC 60 submitted by TOPS Surgical Specialty Hospital.

The disputed date of service 09/08/2021 is greater than one year from the TDI/DWC date stamp of 12/27/2022, listed on the requestor DWC60 packet and has waived its right to DWC MDR. Our position is no payment is due.”

Response submitted by: Texas Mutual

Findings and Decision

Authority

This medical fee dispute is decided according to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers’ Compensation (DWC).

Statutes and Rules

1. 28 TAC §133.307 sets out the procedures for resolving medical fee disputes.

Denial Reasons

The insurance carrier denied the payment for the disputed services with the following claim adjustment codes:

- 16 – Claim/service lacks information or has submission/billing error(s) which is needed for adjudication
- P12 – Workers’ compensation jurisdictional fee schedule adjustment
- 225 – The submitted documentation does not support the service being billed. We will re-evaluate this upon receipt of clarifying information
- 370 – The hospital outpatient allowance was calculated according to the APC rate, plus a markup
- 768 – Reimbursed per OP fg at 130%. Separate reimbursement for implantables (including certification) was requested per rule 134.403(g)
- 892- Denied in accordance with DWC rules and/or medical fee guideline including current CPT Code description/instructions

Issues

1. Did the requestor waive the right to medical fee dispute resolution?

Findings

1. The requestor is seeking reimbursement for implants provided as part of an outpatient surgery performed on September 8, 2021. The requestor submitted a DWC060 form

without any of the documents required to be filed along with the DWC060 form on August 3, 2022. Per 133.307(c)(2)(J)-(N), required documentation for a medical fee dispute includes all medical bills, all explanation of benefits, all applicable medical records, and a position statement. The requestor did not submit any of these documents with the August 3, 2022 submission. Medical Fee Dispute Resolution sent the requestor a letter dated August 4, 2022 informing them that the dispute was missing documents and would not be docketed. The requestor sent the missing information on December 27, 2022, and the disputed services were docketed under tracking number M4-23-0997-01. A complete request for MFDR was received December 27, 2022.

DWC Rule 28 TAC §133.307(c)(1) states:

"Timeliness. A requestor shall timely file with the Division's MDR Section or waive the right to MDR. The Division shall deem a request to be filed on the date the division receives the request.

(A) A request for medical fee dispute resolution that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one year after the date(s) of service in dispute.

(B) A request may be filed later than one year after the date(s) of service if:

(i) a related compensability, extent of injury, or liability dispute under Labor Code Chapter 410 has been filed, the medical fee dispute shall be filed not later than 60 days after the date the requestor receives the final decision, inclusive of all appeals, on compensability, extent of injury, or liability;

(ii) a medical dispute regarding medical necessity has been filed, the medical fee dispute must be filed not later than 60 days after the date the requestor received the final decision on medical necessity, inclusive of all appeals, related to the health care in dispute and for which the insurance carrier previously denied payment based on medical necessity; or

(iii) the dispute relates to a refund notice issued pursuant to a division audit or review, the medical fee dispute must be filed not later than 60 days after the date of the receipt of a refund notice.

The date of the service in dispute is September 8, 2021. The request for medical dispute resolution that contained all required elements was received in the Medical Dispute Resolution (MDR) section on December 27, 2022.

Insufficient evidence was found to support an exception to the one year filing deadline to request MFDR. The requestor has waived their right to MFDR.

Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the requestor and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds the requester has not established that additional reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is not entitled to additional reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

February 24, 2023
Date

Signature

Director of Medical Fee Dispute
Resolution

February 24, 2023
Date

Your Right to Appeal

Either party to this medical fee dispute has a right to seek review of this decision under 28 TAC §133.307, which applies to disputes filed on or after **June 1, 2012**.

A party seeking review must submit DWC Form-045M, *Request to Schedule, Reschedule, or Cancel a Benefit Review Conference to Appeal a Medical Fee Dispute Decision (BRC-MFD)* and follow the instructions on the form. You can find the form at www.tdi.texas.gov/forms/form20numeric.html. DWC must receive the request within **20 days** of when you receive this decision. You may fax, mail, or personally deliver your request to DWC using the contact information on the form or the field office handling the claim. If you have questions about DWC Form-045M, please call CompConnection at 1-800-252-7031, option 3 or email CompConnection@tdi.texas.gov.

The party seeking review of the MFDR decision must deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with DWC. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** with any other required information listed in 28 TAC §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 1-800-252-7031, opción 3 o correo electrónico CompConnection@tdi.texas.gov.